

REGISTRATION FOR PRACTICE
UNDER RESIDENCY ROTATION EXEMPTION

I, _____, wish to register with the Kentucky Board of Medical Licensure, as required by KRS 311.560(2)(b)(2), because I intend to practice medicine/osteopathy within the Commonwealth of Kentucky under residency rotation exemption of that statute.

I am currently licensed to practice medicine/osteopathy in the State of _____ and am an approved participant in the following medical residency program:

_____.

I will be practicing medicine/osteopathy under this exemption within the Commonwealth of Kentucky as part of a temporary residency rotation at the following hospital:

_____.

I understand and agree that, under this exemption, I may only practice in the Commonwealth of Kentucky under this residency rotation for no more than 60 days for the entire duration of the rotation. I also understand and agree that, if I wish to practice under this exemption under a second or subsequent temporary residency rotation, I must first obtain advance approval of the second or subsequent temporary residency rotation from the Board. I also understand and agree that I am subject to the jurisdiction of the Kentucky Board of Medical Licensure for so long as I participate in this residency rotation.

Finally, I understand and agree that, if I should practice medicine/osteopathy within the Commonwealth of Kentucky outside of this temporary residency rotation or for more than the 60 days authorized by the statute, I would be subject to criminal prosecution for practicing medicine without a license, a felony. The only legal way by

which I could practice within the Commonwealth of Kentucky outside of this temporary residency rotation or for more than the 60 days authorized by statute would be to obtain the appropriate Kentucky license for such practice.

(Typed Name)

(Date)

(Signature)

(Mailing Address)

(City and State)